

PROFESSIONAL REFERENCES

Your Name:(print) _____ Date: _____

Please provide the names of three (3) professional references. These individuals should have personal knowledge of your work experience and abilities.

Dates of Employment: _____

Describe your duties:

Company Name _____ **Reference Name:** _____

Address _____ **Title** _____

Daytime Phone No. _____

What was this person's work relationship to you?

Immediate Supervisor Direct Manager Co-worker Peer Subordinate Other[specify] _____

Dates of Employment: _____

Describe your duties:

Company Name _____ **Reference Name:** _____

Address _____ **Title** _____

Daytime Phone No. _____

What was this person's work relationship to you?

Immediate Supervisor Direct Manager Co-worker Peer Subordinate Other[specify] _____

Dates of Employment: _____

Describe your duties:

Company Name _____ **Reference Name:** _____

Address _____ **Title** _____

Daytime Phone No. _____

What was this person's work relationship to you?

Immediate Supervisor Direct Manager Co-worker Peer Subordinate Other[specify] _____

I certify that all information provided is complete and accurate. I authorize the Motor Vehicle Administration to contact all sources necessary to verify this information. I authorize any former employer, or other person or entity with knowledge of any information requested by the MVA to release any information and to answer truthfully any questions asked. I specifically release any person or entity who complies with this request from any liability for such compliance. I understand that erroneous, misleading or fraudulent information is sufficient grounds for rejection from the examination process, removal from an eligible list, withdrawal of an offer of employment or immediate discharge.

Signature _____ *Date* _____